

AC44147

**REPORT**

ON THE

**Medical Inspection of School Children**

IN THE

**COUNTY OF WEST SUSSEX,**

**1938.**

**RALPH D. SMEDLEY, M.A., M.D., D.P.H.**

The area administered by the West Sussex Education Committee includes the whole of the Administrative County of West Sussex, with the exception of the Borough of Worthing.

The County, which is roughly 30 miles long (East to West) and 20 miles wide, has an area of 620 square miles. The Census population 1931, excluding Worthing, was 171,640. In 1938 the population was estimated to be 205,820.

There are 173 School-departments in the area, and the average number of children on the roll in these Schools for the year ended 31st August, 1938, was 21,479, whilst the average attendance during the same period was 19,216.

The following statement shews the number of Births and the Birth Rates for the years 1925-1938 for the Administrative County of West Sussex, excluding the Borough of Worthing, which has a separate Education Authority :—

YEAR	NO. OF BIRTHS	BIRTH RATE	YEAR	NO. OF BIRTHS	BIRTH RATE
1925	2431	15.1	1932	2525	14.1
1926	2509	15.0	1933	2441	13.3
1927	2485	14.5	1934	2599	13.9
1928	2485	14.4	1935	2715	14.2
1929	2425	14.1	1936	2794	14.3
1930	2456	14.3	1937	2919	14.5
1931	2598	15.1	1938	2973	14.4

1.—**STAFF.**—As it will be seen from the following statement, there have been a number of changes in the Staff during the year. Dr. C. F. Brockington resigned and Dr. K. N. Mawson was appointed in his place. Dr. J. M. Brockington was appointed as temporary Medical Inspector. Mr. C. D. Wallis, School Dentist, retired and Mr. W. O. Baird was appointed in his stead. Miss M. Rasell resigned her appointment as Dental Attendant.

Also two temporary School Dentists were appointed for about four months each. In addition the Dental Attendants and Clinic Receptionists were increased to three by the appointment of Miss R. J. Turnbull and Miss J. L. Isaac.

**WHOLE-TIME STAFF :—**

		<i>Other Appointments held.</i>
School Medical Officer	Dr. R. D. Smedley	County Medical Officer of Health.
Deputy „	Dr. W. Templeton	County Tuberculosis Officer.
Assistant County Medical Officer	Dr. H. M. Ayres	M.O.H., Bognor Regis U.D.
„	Dr. C. F. Brockington (Resigned 11.9.38)	M.O.H., West Sussex (North East) Com- bined District.
„	Dr. K. N. Mawson (Appointed 1.11.38)	„ „ „
„	Dr. J. L. Newman	M.O.H., Midhurst R.D.
Medical Inspector (Temporary)	Dr. Joyce M. Brockington (1.1.38 to 31.8.38)	
School Dentists	{ Mr. H. D. Hall, Senior Dentist. Mr. E. S. Brabazon. Miss A. M. I. Halsall. Mr. A. Topping. Mr. C. D. Wallis (Retired 31.3.38) Mr. W. O. Baird (Appointed 20.4.38)	
Temporary School Dentists.	{ Mr. J. E. Tudor (21.4.38 to 31.7.38) Mr. R.L. Greenfield (1.9.38 to 31.12.38)	
Dental Attendants and Clinic Receptionists	{ Miss M. Rasell (Resigned 31.12.38). Miss R. J. Turnbull (Appointed 2.5.38). Miss J. L. Isaac (Appointed 1.9.38).	

## PART-TIME STAFF :—

*Medical  
Practitioners  
undertaking eye  
work, etc.*

*Medical Officers for Eye Work :—*

Dr. P. H. Nankivell    Crawley.  
 Dr. J. W. Dew         Horsham Clinic.  
 Dr. W. B. Heywood-  
 Waddington            Arundel Clinic.  
 Dr. A. G. Curzon-  
 Miller                  Worthing Hospital.  
 Dr. H. C. L. Morris    Bognor Regis.  
 Dr. J. A. Valentine    Chichester Clinic.

*Nose and Throat Operations :—*

Members of the Medical Staffs of the Local Hospitals at Arundel, Bognor Regis, Brighton (Sussex Throat and Ear), Chichester, Crawley, Easebourne, Emsworth, Haslemere, Horsham, Littlehampton, Petersfield, Petworth and Worthing.

*Diseases of the Ear :—*

Mr. A. M. Barford    Chichester School  
    Clinic.  
 Mr. J. H. H. Gough         „         „  
 Mr. G. A. Fraser         Sussex Throat and  
    Ear Hospital, B'ton

*Medical Inspection of Secondary Schools :—*

Dr. Margaret Hammond  
 (Bognor Regis)         { Chichester Girls  
    Worthing Girls.  
 Dr. Alice Owen  
 (Horsham)                Horsham Girls.  
 Dr. J. W. Dew  
 (Horsham)                Horsham Boys.  
 Dr. J. H. H. Gough  
 (Chichester)             Chichester Boys.  
 Dr. M. Fawkes  
 (Midhurst)               Midhurst Boys.

*Orthopaedic Surgeon :* Mr. H. J. Seddon, F.R.C.S. (from Royal National Orthopaedic Hospital, London).

*Orthopaedic Nurse :* Miss L. M. C. Maynard.

*School Dentists*

Mr. W. J. Scoble    Private practice.  
    (Chichester)  
 Mr. E. N. Stevens    Private practice.  
    (Midhurst)



## NURSING STAFF :—

The Staff of the West Sussex County Nursing Association, and affiliated District Nursing Associations, consisting of County Superintendent, 1st Assistant County Superintendent, 2nd Assistant County Superintendent, 4 whole-time Nurses, and 78 District Nurses.

### 2.—CO-ORDINATION WITH OTHER HEALTH SERVICES—

(a) As stated in my previous reports, there is close co-ordination with the Maternity and Child Welfare Committee in such matters as orthopaedic treatment, treatment of diseases of the ear, nose and throat, and examination for defective vision and dental treatment. With the opening of the Bognor Regis and Shoreham Health Centres we now have five areas (Arundel, Bognor Regis, Chichester, Horsham and Shoreham), in which the same buildings are used in common. Further, home supervision is simplified by the fact that in rural areas the same Nurse acts as Health Visitor and School Nurse.

Records of abnormal children, when they reach school age, are transferred to the School Medical Department.

(b) **Nursery Schools**—Nil. Provision is made for very young children at two infants' schools : Fishersgate (Southwick) and St. James's (Chichester).

(c) **Debilitated Children** under school-age are dealt with at Centres and Nutrition Clinics or supervised by Health Visitors.

**3.—SCHOOL HYGIENE.**—During the year representation was made in respect of defects relating to cloakrooms (2), enclosing of school corridor (2), sanitation (1), heating (1) lighting (1), and ventilation (1).

In addition, Dr. Newman submitted a general survey report on each of the schools in his area.

Six schools were closed for a short period due to abnormal weather conditions causing frozen pipes and lavatories.

**4.—MEDICAL INSPECTION.**—The arrangements during the year were as follows :—

Medical Inspector.	No. of Depts.				No. of Children on Roll.
Dr. H. M. Ayres	..	49	..	..	6919
Dr. Joyce M. Brockington	..	48	..	..	6215
Dr. C. F. Brockington	..	49	..	..	4747
Dr. J. L. Newman	..	28	..	..	3598
		174			21479

Two visits per annum are paid to each School to complete routine inspections, the examination of Special cases and re-examination of children previously found to be defective.

- (a) Age groups subjected to routine inspection :—  
 (i) Entrants ; (ii) Intermediates ; (iii) Leavers.
- (b) The inspections are conducted in accordance with the Board of Education's Schedule of Medical Inspection.
- (c) No serious inconvenience to school arrangements was caused by medical inspection. Owing to over-crowding it was necessary to use premises other than the School when the children were inspected at the Aldingbourne C. School, Lyminster C. School, and Steyning C.E. School.

**5.—FINDINGS OF MEDICAL INSPECTION.**—In Table I., appended, the number of *routine inspections* at different age-periods is given. With slight variation the numbers of inspections and re-inspections are substantially the same as in previous years.

Section C of this Table was revised by the Board of Education in 1937 and shows separately the number of individual children requiring treatment for (i) defective vision, excluding squint, and (ii) all other conditions recorded in Table II A. The percentage of children requiring treatment was 11.2 as against 11.3 in 1937.

From Table II.B it will be found that the nutrition of 26.35 per cent. of the children examined was slightly subnormal, and 2.22 per cent. bad, as against 30.31 per cent, and 2.92 per cent. in 1937.

In Table II. A., appended, will be found a list of the defects discovered at Medical Inspection.

There was a decrease in the number of children observed to have enlarged tonsils (now referred to as chronic tonsillitis in the Tables) and adenoids, and also a slight decrease in the number of children recommended for operative treatment compared to the previous year.

There was a slight increase in the number of children recommended for treatment for defective vision, squint, etc., as compared with last year.



**6.—INFECTIOUS DISEASE.**—The Head Teachers report to the School Medical Officer and to the District Medical Officers of Health all children absent from School when an infectious disease is suspected to be the cause, as also contacts. Children are allowed to return to School after the disinfection of the home has been completed by the Local Sanitary Authorities, or at appropriate intervals after recovering from Measles, Whooping Cough, etc.

During the year Schools were closed on 10 occasions, as compared with 14 in 1937 and 10 in 1936, on account of infectious diseases, as follows :—Acute Poliomyelitis, 5 ; Measles, associated with Epidemic Colds, Whooping Cough and Chicken Pox, 3 ; Whooping Cough and Influenzial Colds, 1 ; Influenza, 1.

The average period of closure was 2.09 weeks.

After any outbreak of infectious disease, directions are given for the thorough cleansing of the School premises with soap and water, containing a little disinfectant. The fumigation of buildings as formerly practised has been discontinued for many years. After outbreaks of Scarlet Fever or Diphtheria, pens, pencils, rulers and rubbers, if not destroyed, are treated with disinfectant.

Certificates where the average attendance had fallen below 60 per cent, due to the prevalence of epidemic illness, were issued in 35 instances, under the following circumstances :—Measles, 11 ; Measles associated with Chicken Pox, Epidemic Colds, Whooping Cough or Mumps, 6 ; Chicken Pox, 4 ; Influenza and Epidemic Colds, 4 ; Whooping Cough, 3 ; Chicken Pox associated with Jaundice and Epidemic Colds, 2 ; Whooping Cough, associated with Chicken Pox and Epidemic Colds, 2 ; Scarlet Fever, 1 ; Scarlet Fever associated with sore throats and Colds, 1 ; Mumps, Chicken Pox, Whooping Cough and Scarlet Fever, 1.

The average period in which attendance was reduced below 60 per cent was 2.69 weeks as compared with 1.79 in 1937.

**7.—DIPHTHERIA IMMUNISATION.**—The immunisation of children, both of school age and under, has been continued during the year. Since the scheme was started in 1936, over 13,000 children have been immunised.

The inoculation consists of two injections of Alum Precipitated Toxoid (B. W. & Co.); a dose of 0.1 c.c. being followed at an interval of not less than three weeks by a dose of 0.5 c.c. No cases of re-action of a serious nature have been reported.

The simplicity of the procedure makes its own appeal, and the response of the parents has been excellent.

**8.—FOLLOWING UP.**—After the Inspections, the parents receive notice in writing of the conditions requiring treatment, and at the same time, lists of defects are sent to the School Correspondent, Care Correspondent (if any) and the Head Teacher.

In this way is obtained from a number of parents their consent to the treatment of their children for nose and throat conditions, defective eyesight and defective teeth. When treatment is refused the cases are referred to the Nurses, who visit the parents and advise, and in addition special letters are written by the School Medical Officer to the parents where the Nurse fails to convince them. Children suffering from minor ailments are referred at once to the Nurses for treatment at the Clinics, or otherwise, and suspected cases of Tuberculosis are referred to the Dispensaries, whilst cases of subnormal nutrition are referred to the Nutrition Clinics.

**9.—MEDICAL TREATMENT.**—The following statement gives the arrangements for treatment in this county. The figures relating to the number of children treated cannot be compared accurately with the Findings of Medical Inspection recorded in paragraph 5, as a number of cases awaiting treatment are carried forward from one year to another :—

(a) **Minor Ailments.**

Name and Address of Clinic.	Day and Hour of Clinic.	No. of Children Treated.	Total No. of Atten- dances made.
Arundel—Granville House, Maltravers Street ..	Wednesday, 10 a.m.	19	119
Bognor Regis—Health Centre, West Loates Lane	Tuesday, 2 p.m.	480	2526
Chichester—Chapel Street .. .. .	{ Monday, 2 p.m. Friday, 10 a.m.	354	3719
Horsham—Health Centre, Hurst Road .. .. .	{ Wednesday, 1.30 p.m. Friday, 10 a.m.	131	1053
Littlehampton — Church Army Hall, Maltravers Road .. .. .	Monday, 10.30 a.m.	500	2552
St. Catharine's R.C. School .. .. .	Wed., 10.30 a.m.	208	934
Selsey—Council Infants' School .. .. .	Tuesday, 10.30 a.m.	7	12
Shoreham-by-Sea— Health Centre, Middle Rd.	{ Monday, 2.15 p.m. Friday, 2.15 p.m.	156	312

Summarising this statement, records exist of 1855 children who made 11,227 attendances at the Clinics. In addition, a large number of children were supervised at home and in the Schools by the Nurses, as stated above in paragraph 8. For further information Table IV., Group I., should be consulted.



## (b) Tonsils and Adenoids.

Hospital.	No. of Cases treated during 1938.	Terms arranged.	
		Surgeon's Fees (including Anaesthetist).	Hospital Charges for Accommodation and Maintenance.
Arundel ..	24	£1 11s. 6d. for the first case and £1 5s. 6d. for each subsequent case treated at the same time.	Hospital Authorities collect a sum not exceeding 3s. 6d. per day from the parents of the children.
Bognor Regis ..	42	Do.	Hospital Authorities collect a sum not exceeding 3s. 6d. per day—a day reckoned as 24 hours—from the parents of the children.
Crawley ..	8		
Petersfield ..	2		
Easebourne ..	4	Do.	Hospital Authorities collect a sum not exceeding 5s. from the parents of the children.
Emsworth ..	24		
Horsham ..	43		
Petworth ..	11		
Chichester Royal	115	Do.	3s. 6d. per day or part of a day — a day reckoned as 24 hours.
West Sussex ..			
Littlehampton and District ..	58		
Worthing ..	44		
Haslemere ..	7	£1 1s. per case, (i.e., Operator 10s. 6d., Anaesthetist 10s. 6d.)	5s. per case.
Brighton—Sussex Throat and Ear ..	108	£1/11/6 per case or if taken in session of 4 patients £5/5/- (£1/6/3 per case).	Hospital charge 2s. 6d. per case. Maintenance charge 7/- per day.

Two or more cases were treated at the same time whenever this could be arranged by the Hospital Authorities.



All cases were followed up by the School Nurses and given instructions in breathing exercises, which must be continued for a long period in order to re-educate the child in breathing through the nose.

(c) **Tuberculosis.**—During the year 181 children of school age were referred to the Dispensaries. A number of these were examined as contacts to known cases of Pulmonary Tuberculosis, and others were directly referred on the advice of the School Medical Inspectors, Doctors in private practice, and School Nurses.

In addition, 154 children seen in previous years were re-examined and kept under observation.

Of the total number of children examined, or re-examined, 7 were diagnosed to be suffering from Pulmonary Tuberculosis and 20 from Tuberculous Disease of Glands, Bones or Joints, etc.

Under the Scheme of Treatment of the County Council, 36 children received treatment at Aldingbourne House Sanatorium during the year; 7 received surgical treatment at the Royal West Sussex Hospital, Chichester; 8 at the Lord Mayor Treloar Hospital, Alton; and 1 at the Royal National Orthopaedic Hospital, Stanmore.

(d) **Skin Diseases and other Minor Ailments.**—The conditions which receive treatment are set out in Table IV., Group I. Thirty-two cases of scabies were detected and dealt with satisfactorily. Three cases of ringworm of scalp were under treatment at the beginning of the year; two new cases were treated, four were discharged as cured, leaving one case under treatment at the end of the year.

Children receiving regular treatment were permitted to attend School, suitable precautions being taken to prevent the spread of infection and, in consequence, there was a negligible loss of attendance due to this complaint.

**X-ray Treatment of Ringworm of Scalp.**—Three of the cases referred to above received X-ray treatment.

(e) **External Eye Disease.**—Cases of external eye disease are treated at the Minor Ailment Clinics, and treatment at home is supervised by the School Nurses. Intractable cases, where an error of refraction is suspected to be present, are referred to the Eye Clinics.

(f) **Vision.**—In Table IV., Group II., it will be seen that 1006 cases were treated, as against 832 cases in the previous year. Refraction work is undertaken at six centres (see paragraph 1).

Fourteen cases were recommended for operative treatment for squint, and six of these received operative treatment, otherwise than under the Education Committee's Scheme.

(g) **Dental Treatment.**—Table V. contains a record of the work of the School Dentists. The following statement makes comparison with previous years :—

No. of Children	1932	1933	1934	1935	1936	1937	1938
Inspected ..	14197 (100)	13868 (100)	12832 (100)	15244 (100)	14225 (100)	14304 (100)	14584 (100)
Found to require Treatment ..	9792 (69)	9613 (69)	8982 (70)	10974 (71)	10986 (77)	10945 (77)	11269 (77)
Actually Treated	5946 (42)	5844 (42)	5643 (44)	6821 (45)	6791 (48)	7172 (50)	7616 (52)

The figures in brackets are reduced to facilitate comparison and shew for every hundred children inspected :—

- (i.) The number of children requiring treatment.
- (ii.) The number of children actually treated.

It will be noted that during the year 7,616 children received treatment at the Clinics, representing 68% of the children found to require treatment. In addition, a few children received treatment from Private Dentists.

(h) **Crippling Defects and Orthopaedics.**—The following statement is a summary of the cases seen by the Orthopaedic Surgeon. It will be noted from the table that 337 new cases were examined, of whom 82 were under school age. Also, of the 435 old cases seen, 125 were under school age, whilst of the total attendances of 1200, 332 were made by children under school age.

Orthopaedic Clinic.	No. of Sessions	No. of Cases seen						Total Attend- ances	
		New		Old		Total			
Arundel ..	4	43	(10)	73	(21)	116	(31)	156	(40)
Chichester ..	8	112	(35)	157	(50)	269	(85)	462	(147)
Horsham ..	5	53	(12)	90	(23)	143	(35)	238	(59)
Shoreham ..	4	84	(18)	44	( 7)	128	(25)	187	(39)
*Worthing ..	4	45	( 7)	71	(24)	116	(31)	157	(47)
	25	337	(82)	435	(125)	772	(207)	1200	(332)

\*With the approval of the Worthing Education Committee, four special Clinics were held at the Worthing School Clinic for children living near Worthing.

Figures in brackets refer to children under school age.



The following Table, prepared under the direction of Mr. Seddon, Orthopaedic Surgeon, shews the cases examined at the Orthopaedic Clinics during 1938 :—

Diagnosis.	Number of:—		Total.
	Boys.	Girls.	
<b>1. Congenital Defects :—</b>			
Club foot .. ..	18 (6)	15 (6)	33 (12)
Dislocation of the hip ..	— (—)	6 (—)	6 (—)
Spastic paralysis .. ..	9 (2)	6 (1)	15 (3)
Spina bifida .. ..	3 (2)	3 (—)	6 (2)
Other conditions .. ..	35 (12)	52 (21)	87 (33)
<b>2. Birth Injuries :—</b>			
Nerve Injuries .. ..	1 (—)	— (—)	1 (—)
Torticollis .. ..	8 (2)	6 (2)	14 (4)
Other conditions .. ..	1 (—)	— (—)	1 (—)
<b>3. Rickety Deformities :—</b>			
Bow legs .. ..	36 (20)	29 (18)	65 (38)
Knock knees .. ..	9 (2)	6 (2)	15 (4)
Other conditions .. ..	3 (2)	— (—)	3 (2)
<b>4. Knock knees (non-rickety) ..</b>	68 (28)	69 (20)	137 (48)
<b>5. Postural defects of the spine</b>	59 (2)	69 (—)	128 (2)
<b>6. Structural curvature of the spine .. ..</b>	4 (—)	3 (—)	7 (—)
<b>7. Flat Feet, etc. .. ..</b>	93 (16)	107 (10)	200 (26)
<b>8. Infantile paralysis .. ..</b>	5 (1)	11 (—)	16 (1)
<b>9. Sequelae of acute fevers :</b>			
Encephalitis lethargica ..	1 (—)	— (—)	1 (—)
<b>10. Fractures .. ..</b>	7 (—)	2 (—)	9 (—)
<b>11. Tuberculous joints .. ..</b>	4 (—)	1 (—)	5 (—)
<b>12. Other Bone Diseases (Non-tubercular) :—</b>			
Epiphysitis of the spine ..	1 (—)	— (—)	1 (—)
Perthe's disease .. ..	1 (—)	1 (1)	2 (1)
Schlatter's disease .. ..	2 (—)	1 (—)	3 (—)
Apophysitis of the os calsis, etc	2 (—)	1 (—)	3 (—)
Osteochondritis of the Spine	1 (1)	1 (1)	2 (2)
<b>13. Osteomyelitis .. ..</b>	2 (—)	— (—)	2 (—)
<b>14. Pseudo-hypertrophic muscular dystrophy .. ..</b>	1 (—)	1 (—)	2 (—)
<b>15. Old amputation (case for artificial limb) .. ..</b>	3 (—)	— (—)	3 (—)
<b>16. Other conditions .. ..</b>	37 (9)	42 (11)	79 (20)
<b>17. Nothing abnormal found ..</b>	4 (1)	5 (2)	9 (3)
	411 (106)	427 (95)	855 (201)

*Figures in brackets refer to children under school age.*



On page 10 it will have been seen that 207 children under School age attended the Clinics during the year, whilst only 201 defects are shewn in the above Table. This discrepancy is accounted for by the fact that since their first examination a number of children are now attending School, and are included in the figures for school children.

Eight cases were receiving In-patient treatment at the Royal National Orthopaedic Hospital at the commencement of the year and 24 cases were admitted, and 4 re-admitted to the Hospital during the year; 26 of these cases were discharged, leaving 10 still under treatment at the end of the year.

The cases admitted were as follows :—Deformity of foot, 6 ; Old infantile Paralysis, 5 ; Paralysis 5 ; Hammer Toes, 2 ; Torticollis, 2 ; Exostosis, 2 ; Synovitis, 1.

Special boots or other appliances were supplied in 26 cases.

Twenty cases were X-rayed during the year.

The treatment received by tuberculous children is referred to in paragraph 9 (c).

The following statement is a summary of the cases treated by Miss Maynard, Orthopaedic Nurse :—

Total No. of Cases.	No. of New Cases.	No. of Attendances.	No. of Different Places Visited.
299 (51)	184 (27)	3884 (424)	46 (32)

*Figures in brackets refer to children under school age.*

(i) **Other Defects.**—Under this heading are included Anaemia 22, Bronchitis 34, Pulmonary Tuberculosis 7, Non-Pulmonary Tuberculosis 20. The Education Committee are not responsible for the treatment, but in all instances it will be understood that these cases have been supervised, and pressure brought upon the parents to secure such treatment as would seem to be helpful, though not necessarily definitely curative, as some of the conditions are not amenable to any form of treatment.

(j) **Diseases of the Ear.**—During the year 20 special clinics for Diseases of the Ear were held at Chichester and Brighton, and 159 children of whom 9 were under school age, attended. The following table summarises the work done and treatment carried out :—

## DISEASES OF THE EAR, 1938.

Clinic	No. of Clinics held	No. of Cases	No. of Attendances	Operative Treatment			Tonsils Ade-noids Remov'd	Total Dis-charged
				Mas-toid operation	Para-cen-tesis	Other Con-ditions		
Chichester..	13	98 (8)	146 (13)	— (—)	— (—)	— (—)	33 (1)	43 (3)
Sussex T. & E. Hospital Brighton..	7	63 (1)	68 (1)	6 (—)	5 (—)	1 (—)	26 (—)	22 (—)
	20	159 (9)	214 (14)	6 (—)	5 (—)	1 (—)	59 (1)	65 (3)

*Figures in brackets refer to children under school age.*

**10.—SCHOOL NURSES.**—The arrangements remain the same as previously reported.

The School Nurses made 13,429 home visits in addition to making a large number of special examinations of children at Schools, in which must be included 49,623 inspections of children at the routine head examination. There were also 1,717 Clinic Sessions which they attended.

**11.—UNCLEANLINESS.**—Routine Head Inspections consist of three consecutive visits to Schools, paid at weekly intervals, and any cases which remain in an uncleanly condition after the third visit are kept under supervision at home and at School until such time as the condition is remedied.

At 247 inspections, as compared with 183 in 1937, and 93 in 1928, all the children were found to have clean heads, whilst 2.5 per cent, as compared with 2.8 per cent in 1937 and 4.5 per cent in 1928, of the children inspected had nits or vermin in their hair.

**12.—OPEN AIR EDUCATION.**—No School in this Area.

**13.—CO-OPERATION OF PARENTS.**—All parents receive a printed letter of invitation to attend the Routine Medical Inspections for interview with the Medical Officers, and about 60 per cent of the parents attended last year.

**14.—CO-OPERATION OF TEACHERS AND SCHOOL ATTENDANCE OFFICERS.**—As for many years past, Head Teachers and their staffs have continued to give most invaluable assistance to the School Medical Officer and his staff, and without their co-operation many cases would remain untreated. They have also considerably facilitated arrangements at the Clinics by referring children suffering from minor ailments for treatment. The School Attendance Officers have also given every assistance by reporting absentees, making arrangements for special examinations and by warning parents when children have been excluded from School for uncleanliness.



**15.—CO-OPERATION OF VOLUNTARY BODIES.**—The National Society for the Prevention of Cruelty to Children, through the Inspector of the Chichester and Horsham Area and the Inspector of the Brighton Area, has again rendered valuable assistance by reporting cases and supervising same where there is neglect.

**16.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**—Such cases are reported to the Authority by Head Teachers, School Attendance Officers and School Nurses, or found by the Medical Officers at their Inspections. All cases are registered and specially examined as opportunity occurs. 253 children were submitted to Special Examinations viz.:—Blind 1; Partially Blind 1; Deaf and Dumb 1; Partially Deaf, 2; Epileptic, 4; Heart Disease, 7; Delicate, 4; Crippled, 6; Mentally Defective (re-examined), 16; alleged to be Mentally Defective, 211, of whom 34 were found to be defective.

The following table shews the number of children in Special Schools at the commencement of the year, the admissions and discharges during the year and the number still in Special Schools on 31st December, 1938.

Condition.	No. in Special Schools 1/1/38	Admitted during year.	Discharged during year.	No. in Special Schools 31/12/38
Blind .. ..	6	1	2	5
Partially Blind .. ..	2	1	—	3
Deaf .. ..	5	1	—	6
Partially Deaf .. ..	3	1	—	4
Feeble Minded .. ..	22	6*	7	21
Epileptics .. ..	5	2*	1	6
Delicate .. ..	—	4	3	1
Cripples .. ..	4	4*	1†	7
Heart Disease .. ..	5	9	11	3
Total .. ..	52	29*	25†	56

\*Includes cases taken over from other Authorities.

† .. one case taken over by another Authority.

Cases admitted to the Royal National Orthopaedic Hospital are not included in the above Table (see 9 (h), Crippling Defects and Orthopaedics).

Nine of the twenty-five children discharged from Special Schools had attained the age of 16 years, viz.:—Feeble-minded, 6; Blind, 2; Epileptic, 1; The feeble-minded children and the epileptic, who was classified as feeble-minded on discharge, were referred to the Committee for the Care of the Mentally Defective, and the blind ones were referred to the Higher Education Committee for further treatment. Of the seventeen remaining cases, the responsibility for one crippled boy has been transferred to another Authority on removal of parents, and the delicate and heart cases were discharged from the Dedisham Convalescent Home and the Lancing Heart Home, respectively, having made satisfactory progress.



**17.—PROVISION OF MILK FOR SCHOOL CHILDREN.**—The “Milk in Schools” Scheme, which came into operation in October, 1934, and was explained in detail in my Annual Report for that year, has been adopted in practically all Schools, but it is to be regretted that there are still so many districts where it is not possible to obtain supplies of pasteurised milk.

The Education Committee provide one-third of a pint of milk or more, free of charge, to every necessitous child of subnormal nutrition recommended by the School Medical Officer. Also, at six Schools where a supply of milk is not available, grants at the rate of  $\frac{1}{2}$ d. per child per day have been made in respect of necessitous children of subnormal nutrition for the supply of a milk preparation instead of milk.

The following summary shews the position at the end of the year :—

Number on Roll.	Number of Subnormal Children.	Number of Necessitous Sub- normal Children.
21479	5624	2526

Nutrition was reported as subnormal in 26.1 per cent. of the children on the roll, as compared with 27.6 in the previous year, and 11.3 per cent. were regarded as necessitous, as compared with 15.9 in the previous year.

**18.—NUTRITION CLINICS.**—Nutrition Clinics have been held at Arundel, Bognor Regis, Chichester, Horsham, Littlehampton, Selsey and Shoreham. 434 children attended for periodical examination and made 1439 attendances. Where necessary, Cod Liver Oil and Malt, etc., was supplied, free of charge in necessitous cases or at cost price where parents could pay for same. Also, in certain cases children were recommended for additional milk in School.

It is scarcely necessary to stress the value of milk as a food, but a small ration of milk is little compensation to the growing child lacking, for economic reasons, a balanced mixed diet in which milk, meat, fish, cheese, eggs and vegetables of all kinds play their traditional part. In a special report, attached to my report for 1937, Dr. Brockington, stressing the needs of growth of the child, demonstrates the conflict that arises when the low-wage earner's family expands, and probably few will disagree with his suggestion that the provision of a mid-day meal in School would be the most efficient means of securing adequate nourishment for the growing school-child.

**19.—SECONDARY SCHOOLS. — Medical Inspection.**—The scheme provides for the medical inspection of every pupil at least once every two years. In addition, pupils may be presented to the Medical Officer for examination as special cases.

**Medical Treatment.**—There is no scheme for the treatment of pupils, but free-place pupils are examined on admission to the Secondary Schools and, if found to require treatment, this treatment is provided under the scheme for treatment of elementary school-children.

Tables I. and II. on pages 27, 28 and 29 give the number of pupils inspected and the results of inspection in the eight Secondary Schools. It will be seen from Table II. that defective eyesight and chronic tonsillitis were the conditions chiefly requiring attention.

**Dental Treatment and Inspection.**—As stated in my Annual Report for 1936, the Committee approved a scheme for the inspection and treatment of pupils at the Secondary Schools.

The School Dentists visited all the schools, and Table III. on page 30 gives the number of pupils inspected and treatment carried out. This matter is also referred to in the report of the Senior School Dentist, appended.

**20.—CHILDREN AND YOUNG PERSONS ACT, 1933.**—This Act came into operation on the 1st November, 1933, and the local authority has certain duties to perform, full details of which have appeared in my previous Annual Reports.

Under Section 22 the local authority may grant a licence for a child to take part in any entertainment, and two children were medically examined during the year and granted licences to take part in entertainments.

Under Section 35, 138 cases were referred to the local authority during the year and of these 95 received special examination for detection of physical or mental defect.

Of this number, on examination, 3 cases were classified as feeble-minded, one as feeble-minded, low grade, and one as epileptic. In addition a number were found to be dull or backward.

Six cases were dealt with under Section 62 ; one case under Section 64, and under Section 76 four persons were committed to the care of the Education Committee ; only one, however, is boarded out in West Sussex. The other three are boarded out in adjoining areas and all are periodically supervised by the Health Visitors of the district.



**21.—ROYAL AIR FORCE.—Entry of Aircraft Apprentices and Boy Entrants.**—In July, 1937, a letter was received from the Air Ministry stating that it had been found that considerable disappointment had often been experienced by candidates for entry as Aircraft Apprentices and Boy Entrants who are rejected on medical grounds when called up to commence training. The Air Ministry suggest in their pamphlets dealing with the entry into the Royal Air Force that candidates should undergo a preliminary examination by a Doctor to ascertain whether they are suffering from any physical disability which might prevent their acceptance on medical grounds. The Authority were asked if they would co-operate with the Air Ministry by arranging for preliminary examinations.

During the year 19 boys were examined for this purpose and in three of the cases it was doubtful whether the candidates would be accepted on medical grounds.

**22.—RARE CONGENITAL DEFECTS.**—The Authority have been co-operating with the Human Genetics Committee of the Medical Research Council in an investigation into inheritance in relationship to disease. The scheme consists of an inquiry into the incidence of certain defects, and the value of the inquiry lies not so much in the importance of the special defects but rather in their suitability as material for the study of the laws of inheritance in man.

Our co-operation is confined to the noting by the School Medical Officers at their routine inspections of all children in the "Leaver" age-group who came within the categories mentioned by the Human Genetics Committee and during 1938 of the 1892 children examined in this age-group not one was classified as coming within the scope of the inquiry.

The inquiry is being continued in 1939.

**23.—EMPLOYMENT OF CHILDREN.**—There is no Juvenile Employment Officer in the area. During the year a number of children were examined as to their fitness for employment in the City of Chichester, under the Education Committee Bye-Laws, and in the majority of cases certificates were issued. In a few instances however, the certificates were refused pending the children receiving certain medical treatment.

Ten children, at their last routine examination, were noted to be unsuitable for certain types of work and the parents were advised accordingly.



24.—In conclusion, I desire on behalf of myself and staff once more to thank your Committee, the Teaching Staff, and Aid Committees, for valuable support and co-operation.

RALPH D. SMEDLEY,  
*School Medical Officer.*

COUNTY HEALTH OFFICE,  
COUNTY HALL,  
CHICHESTER.

*April, 1939.*

TABLE I.

**MEDICAL INSPECTIONS OF CHILDREN ATTENDING  
PUBLIC ELEMENTARY SCHOOLS.**

1st January, 1938, to 31st December, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants .. .. .	2232
Second Age Group .. .. .	2359
Third Age Group .. .. .	1892
Total .. .. .	<u>6483</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections .. .. .	†2682
Number of Re-Inspections .. .. .	*8558
Total .. .. .	<u>11240</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group	For Defective Vision (excluding Squint)	For all other Conditions recorded in Table II.A	Total
Entrants .. .. .	46	173	217
Second Age Group .. .. .	137	151	286
Third Age Group .. .. .	122	116	235
Total .. .. .	305	440	738

†Does not include “Special” examinations in connection with the “Provision of Milk for School Children” (Circular 1437).

\*Does not include re-inspections made by the Tuberculosis Officers at the Dispensaries.

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1938.**

Defect or Disease.  (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment  (2)	Requiring to be kept under observa- tion, but <i>not</i> requiring treatment.  (3)	Requiring treatment  (4)	Requiring to be kept under observa- tion, but <i>not</i> requiring treatment  (5)
<b>Skin—</b>				
Ringworm—				
Scalp .. ..	1	—	4	—
Body .. ..	—	—	14	—
Scabies .. ..	—	—	5	—
Impetigo .. ..	8	—	56	—
Other Diseases (non- Tuberculous) .. ..	33	—	61	—
<b>Total</b> ..	42	—	140	—
<b>Eye—</b>				
Blepharitis .. ..	11	—	31	—
Conjunctivitis .. ..	5	—	28	—
Keratitis .. ..	—	—	—	—
Corneal Opacities ..	—	1	1	1
Other Conditions (exclud- ing Defective Vision and Squint) .. ..	2	5	45	9
<b>Total</b> ..	18	6	105	10
Defective Vision (exclud- ing Squint) .. ..	305	217	271	39
Squint .. ..	13	12	12	3
<b>Ear—</b>				
Defective Hearing ..	16	7	39	7
Otitis Media .. ..	15	—	87	—
Other Ear Diseases ..	11	18	48	6
<b>Nose and Throat—</b>				
Chronic Tonsillitis only	61	394	159	53
Adenoids only .. ..	16	14	18	11
Chronic Tonsillitis and Adenoids .. ..	66	71	200	56
Other Conditions ..	15	5	59	8



Table II.—(continued).

(1)	(2)	(3)	(4)	(5)
<b>Enlarged Cervical Glands</b> (non-Tuberculous) ..	2	149	16	28
<b>Defective Speech</b> ..	—	10	1	2
<b>Heart and Circulation—</b>				
Heart Disease—				
Organic .. ..	3	37	14	9
Functional .. ..	—	34	5	16
Anaemia .. ..	7	3	15	3
<b>Lungs—</b>				
Bronchitis .. ..	5	50	29	25
Other Non-Tuberculous Diseases .. ..	—	24	5	22
<b>Tuberculosis—</b>				
Pulmonary—				
Definite .. ..	—	—	7	—
Suspected .. ..	—	—	—	—
Non-Pulmonary—				
Glands .. ..	—	—	15	—
Bones and Joints ..	—	—	2	—
Skin .. ..	—	—	—	—
Other Forms ..	—	—	3	—
<b>Total</b> ..	—	—	20	—
<b>Nervous System—</b>				
Epilepsy .. ..	2	4	3	7
Chorea .. ..	—	1	2	2
Other Conditions ..	—	9	9	14
<b>Deformities—</b>				
Rickets .. ..	—	1	—	—
Spinal Curvature ..	23	12	8	6
Other Forms .. ..	78	25	54	6
<b>Other Defects and Diseases</b> (excluding Defects of Nutrition, Uncleanliness and Dental Diseases). ..	97	76	307	32
<b>Grand Total</b> ..	795	1179	1633	365

**B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN  
INSPECTED DURING THE YEAR IN THE ROUTINE AGE  
GROUPS.**

Age-Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	2232	143	6.41	1487	66.62	553	24.78	49	2.19
Second Age-Group	2359	114	4.83	1460	61.88	720	30.53	65	2.76
Third Age-Group	1892	175	9.25	1252	66.17	435	22.99	30	1.59
<b>TOTAL</b> ..	6483	432	6.66	4199	64.77	1708	26.35	144	2.22

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON 31st DECEMBER, 1938.

	At Certified Schools for						At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Totals
	Blind	Partially Blind	Deaf	Partially Deaf	Mentally Defective	Epileptic					
Blind .. ..	5	—	—	—	—	—	—	—	—	1	6
Partially Blind .. ..	3	—	—	—	—	—	—	—	—	—	3
Deaf .. ..	—	—	6	—	—	—	—	—	—	1	7
Partially Deaf .. ..	—	—	4	—	—	—	—	—	—	—	5
Feeble Minded .. ..	—	—	—	—	21	—	—	—	—	13	76
Epileptic (Severe) .. ..	—	—	—	—	—	6	—	3	—	2	11
Tuberculosis (Pulmonary) .. ..	—	—	—	—	—	—	—	22	3	—	25
Tuberculosis (Non-Pulmonary) .. ..	—	—	—	—	—	—	7	63	2	1	73
Delicate .. ..	—	—	—	—	—	—	1	40	10	—	51
Crippled .. ..	—	—	—	—	—	—	17	16	—	3	36
With Heart Disease .. ..	—	—	—	—	—	—	3	3	—	1	7
Totals .. ..	8	—	10	—	21	6	28	190	15	22	300
Children suffering from Multiple Defects .. ..											
											1
Children notified to the Mental Deficiency Authority during the year .. ..											18
Total .. ..										301	



TABLE IV.

**RETURN OF DEFECTS TREATED DURING THE YEAR  
ENDED 31st DECEMBER, 1938.**

**TREATMENT TABLE.**

**Group I.—Minor Ailments** (excluding Uncleanliness, for which see Table VI.)

Disease or Defect  (1)	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<b>Skin—</b>			
Ringworm—Scalp			
(i.) X-ray Treatment ..	3	—	3
(ii.) Other Treatment ..	1	1	2
Ringworm—Body .. ..	18	2	20
Scabies .. .. .	26	6	32
Impetigo .. .. .	173	2	175
Other skin diseases .. ..	142	5	147
<b>Minor Eye Defects—</b> .. ..	187	5	192
(External and other, but ex- cluding cases falling in Group II.)			
<b>Minor Ear Defects</b> .. ..	267	13	280
<b>Miscellaneous</b> .. .. .	2455	21	2476
( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)			
<b>Total</b> .. .. .	3272	55	3327

Table IV.—(continued).

**Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)**

	Number of defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
<b>Errors of Refraction</b> (including Squint) .. ..	960	46	1006
<b>Other Defect or Disease of the Eyes</b> (excluding those recorded in Group I.) .. ..	—	—	—
<b>Total</b> .. ..	960	46	1006
<b>No. of Children for whom Spectacles were</b>			
(a) Prescribed .. ..	771	35	806
(b) Obtained .. ..	769	35	804

**Group III.—Treatment of Defects of Nose and Throat.**

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
10	8	469	3	4	1	5	1	14	9	474	4	—	501

(i) Tonsils only.      (ii) Adenoids only.      (iii) Tonsils and Adenoids.

(iv) Other defects of the Nose and Throat.

TABLE IV.—(continued).

## Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total Number treated
	Residential treatment with Education (i)	Residential treatment without Education (ii)	Non-Residential treatment at an Orthopaedic Clinic (iii)	Residential treatment with Education (i)	Residential treatment without Education (ii)	Non-Residential treatment at an Orthopaedic Clinic (iii)	
No. of children treated	40	—	411	—	—	3	435

TABLE V.

## DENTAL INSPECTION AND TREATMENT.

## (1) Number of Children Inspected by the Dentist—

## (a) Routine Age-Groups

Age	3	4	5	6	7	8	9	10	11	12	13	14	Total
Number.	35	285	1264	1508	1598	1515	1648	1640	1425	1384	1423	232	13957

(b) Specials .. .. . 627

(c) Total (Routine and Specials) .. .. . 14584

(2) Number found to require treatment .. .. . 11269

(3) Number actually treated .. .. . 7616

(4) Attendances made by children for treatment .. .. . 11818

(5) Half-days devoted to { Inspection .. .. 117 }  
 { Treatment .. .. 1845 } 1962

(6) Fillings .. .. { Permanent teeth .. 8133 }  
 { Temporary teeth .. 573 } 8706

(7) Extractions .. { Permanent teeth .. 2836 }  
 { Temporary teeth .. 12315 } 15151

(8) Administrations of general anaesthetics for extractions —

(9) Other Operations { Permanent teeth .. 1577 }  
 { Temporary teeth .. 229 } 1806



TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i). Average number of visits per School made during the year by the School Nurses .. .. .	6
(ii). Total number of examinations of children in the Schools by School Nurses .. .. .	49623
(iii). Number of individual children found unclean ..	959
(iv). Number of children cleansed under arrangements made by the Local Education Authority ..	—
(v). Number of cases in which legal proceedings were taken—	
(a) Under the Education Act, 1921 ..	—
(b) Under School Attendance Bye-Laws	—

# SECONDARY SCHOOLS.

TABLE I.

## MEDICAL INSPECTIONS OF CHILDREN ATTENDING SECONDARY SCHOOLS.

1st January, 1938, to 31st December, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.												
Ages	8	9	10	11	12	13	14	15	16	17	18	Totals
Boys	6	12	70	173	87	190	53	152	11	4	—	758
Girls	—	6	57	141	66	152	32	148	5	4	2	613
Totals	6	18	127	314	153	342	85	300	16	8	2	1371

### B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	17
Number of Re-Inspections	..	..	..	..	..	..	75
							92

### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to Require Treatment. (Excluding Uncleanliness and Dental Diseases).

Number of Children.		Percentage of Children found to require treatment.
Inspected.	Found to require treatment.	
1371	227	17

## SECONDARY SCHOOLS—(continued).

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1938.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment	Requiring treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment
(1)	(2)	(3)	(4)	(5)
<b>Skin—</b>				
Ringworm—				
Scalp .. ..	—	—	—	—
Body .. ..	—	—	—	—
Scabies .. ..	—	—	—	—
Impetigo .. ..	—	—	—	—
Other Diseases (non-Tuberculous) .. ..	26	—	1	—
<b>Total</b> .. ..	26	—	1	—
<b>Eye—</b>				
Blepharitis .. ..	—	—	—	—
Conjunctivitis .. ..	—	—	—	—
Keratitis .. ..	—	—	—	—
Corneal Opacities .. ..	—	—	—	—
Other Conditions (excluding Defective Vision & Squint)	2	1	—	—
<b>Total</b> .. ..	2	1	—	—
Defective Vision (excluding Squint) .. ..	124	92	6	3
Squint .. ..	—	1	—	—
<b>Ear—</b>				
Defective Hearing .. ..	1	1	1	—
Otitis Media .. ..	2	—	—	—
Other Ear Diseases .. ..	—	3	—	—
<b>Nose and Throat—</b>				
Chronic Tonsillitis only .. ..	35	13	—	—
Adenoids only .. ..	—	—	—	—
Chronic Tonsillitis and Adenoids .. ..	1	—	—	—
Other Conditions .. ..	4	3	—	—
<b>Enlarged Cervical Glands—</b>				
(non-Tuberculous) .. ..	4	1	—	—
<b>Defective Speech</b> .. ..	—	1	—	—



Table II.—(continued).

(1)	(2)	(3)	(4)	(5)
<b>Heart and Circulation—</b>				
Heart Disease—				
Organic .. ..	—	1	—	—
Functional .. ..	—	15	1	—
Anaemia .. ..	3	2	—	—
<b>Lungs—</b>				
Bronchitis .. ..	—	1	1	—
Other non-Tuberculous Diseases .. ..	3	5	1	—
<b>Tuberculosis—</b>				
Pulmonary—				
Definite .. ..	—	—	—	—
Suspected .. ..	—	—	—	—
<b>Non-Pulmonary—</b>				
Glands .. ..	—	—	—	—
Other Bones & Joints ..	—	—	—	—
Skin .. ..	—	—	—	—
Other Forms .. ..	—	—	—	—
<b>Total ..</b>	—	—	—	—
<b>Nervous System—</b>				
Epilepsy .. ..	—	—	—	—
Chorea .. ..	—	—	—	—
Other Conditions .. ..	—	4	—	—
<b>Deformities—</b>				
Rickets .. ..	—	—	—	—
Spinal Curvature .. ..	8	3	—	—
Other Forms .. ..	10	7	—	1
<b>Other Defects and Diseases ..</b>	29	19	5	—
<b>Grand Total ..</b>	252	173	16	4



**PRELIMINARY REPORT**  
ON  
**THE INVESTIGATION OF COMMON INFECTIVE**  
**HEPATIC JAUNDICE IN WEST SUSSEX,**  
**1938**

BY  
**DR. J. L. NEWMAN.**  
Assistant County and School Medical Officer.

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Although to the man in the street Jaundice is a disease it is, in fact, only a symptom, and may be produced by a variety of different agencies, such as excessive destruction of red blood cells, damage to the liver by poisons, whether infective, vegetable or chemical, or obstruction to the bile ducts. It is rather remarkable therefore to find that an infectious disease, characterised chiefly by jaundice, was known to Hippocrates, and has been recorded since then in practically every part of the world. In 1915 two Japanese workers described a micro-organism, since called the *Leptospira icterohaemorrhagiae*, as the cause of infective jaundice : but the foundation of our knowledge of the mild disease now known as "catarrhal jaundice" or "common infective hepatic jaundice" was laid by E. A. Cockayne who, in 1912, described six cases of this disease, himself being one, and was able to point out its essential differences from the more severe type of jaundice later recognised as leptospiral by the Japanese workers. Since then accounts of outbreaks of common infective hepatic jaundice have often appeared in the medical journals, though without entirely elucidating many of its characteristics. In spite of these, and in spite of the fact that in one outbreak, among the Federal troops in the American Civil War, no less than 22,569 cases were reported, the essentially infectious nature of the complaint has scarcely yet received full recognition, as is shown by the fact that in four standard textbooks of infectious diseases published between the years 1926 and 1930 the disease is mentioned in only one. Reference to twenty-one papers on the subject that have appeared in various journals and reports in the last twelve years or so disclose the following characteristics of the disease.

**1. THE CAUSE OF THE DISEASE.** In certain outbreaks, particularly during the last war, and in one very fully investigated one in Canada in 1930-31, organisms of the Paratyphoid group have been held responsible. But in spite of diligent search in most other epidemics, neither this nor any other variety of micro-organism has been recovered, and attempts at conferring the disease on the usual experimental animals have been consistently unsuccessful. The conclusion must be that there is one variety of epidemic jaundice that is due to a paratyphoid infection, but that the kind usually met with is not ; and the belief is steadily gaining ground that this more common variety is caused by an ultra-microscopic virus.



**2. AGE AND SEX INCIDENCE.** Both sexes are equally affected. As regard age, children are chiefly affected, with a maximum incidence between the years 6-10. In six outbreaks totalling 378 cases 197 came into this age group and only 7% of all cases were over the age of 21. Perhaps the incidence is not quite as selective as this suggests since the outbreaks investigated were mainly among school children. The extremes recorded were 18 months and 79 years.

**3. SEASONAL INCIDENCE.** There is a general agreement that the disease is most prevalent in the winter months : but it does not seem to be as selective as many infectious diseases and several outbreaks confined to the middle period of the year have been recorded. Less is known about the interval between epidemics but intervals of five to eight years have been reported.

**4. GEOGRAPHICAL DISTRIBUTION.** The most notable feature is the way the disease appears here and there, affecting some schools but not others, and apparently never sweeping over a district as some other epidemics such as measles and chicken pox do.

**5. THE INCUBATION PERIOD** has been the subject of a good deal of controversy. A few authorities have been in favour of a short one of some four days ; but the great majority believe that it is a long one of 21 to 41 days usually 26 to 35.

**6. INFECTIVITY.** As long as the causative agent remains unrecognised and the experimental method is not available many of the problems of infectivity must remain unsolved. Yet there is general agreement on some points. Except in the case of paratyphoid jaundice referred to above no one has yet incriminated any article of drink ; and several instances have been recorded of kitchen workers being infected without any spread of the disease following. The possibility of rats conveying this kind of jaundice, as they do the leptospiral, has also been the subject of frequent investigation, again with completely negative results : but it is worth noting that recently two Danish workers have suggested that pigs may play a part in spreading the disease. However, all others who have recently expressed an opinion as to the means of spread are agreed that it is most probably by direct contact through the medium of droplets of mucus from the nose and throat, projected in the acts of speaking, sneezing and coughing.

Some have held that close contact, such as that between neighbours in the bedroom or classroom, is necessary for infection. Others have recorded cases in which spread must have been through the most casual meetings. Almost all are agreed though, that the duration of infectivity is confined to the first few days, a fact which would account for the monthly intervals noted between the cases observed in various families. The only exception was an interesting instance of a case of jaundice developing in a contact 26 days after the return of a patient who had been isolated on

account of the disease for the previous 31 days. Elsewhere no spread has been traced when children have returned to school fourteen days after the onset.

**7. SPREAD WITHIN THE FAMILY** has been very variable. In one outbreak, remarkable for the fact that it was confined to adults and adolescents, there was no such spread in any of the 48 cases reported. This was exceptional, but on the whole there is much less tendency to spread within the family than is seen when one of the commoner infectious diseases enters a family whose members have not previously been exposed to it.

**8. SPREAD WITHIN THE SCHOOL.** When epidemics alone are considered this kind of spread appears to be much more important than is probably really the case. Attack rates of from 4% to 39% have been reported. But where all cases are recorded, irrespective of whether they are followed by epidemic spread or not, as was done in the Medical Research Council's Special Report on epidemics in schools (1938), it is found that there is surprisingly little tendency for the disease to spread in schools. Of the 104 outbreaks there recorded 73 were confined to one case and 13 to two: there were only two extensive epidemics in the five years covered by the inquiry, one involving 23%, the other 25%. Excluding these larger epidemics the attack rate was 0.9 per 1000 for boys, and 0.36 for girls.

**9. THE CLINICAL FEATURES** cannot be better described than in the following quotation from the report of an address recently delivered by Dr. E. R. Cullinan to the Royal Society of Medicine, especially as some of the facts were derived from cases seen in West Sussex.

"Frequently there was a prodromal stage of indefinite malaise from one to seven days before the onset of acute illness, which started usually with fever. The temperature might rise as high as 103° F., to fall again within the next day or two. The initial fever was seldom remarked, as the temperature was not often taken at the onset, the patient being described as having a "chill," or "huddled in front of the fire," but there were no rigors. Headache was frequent for the first two or three days, with occasional drowsiness; loss of appetite was complete, nausea common, and vomiting—often severe and intractable—characteristic though not invariable. Abdominal pain or discomfort was common, typically in the epigastrium and less often in the right upper quadrant of the abdomen. Jaundice appeared in anything up to twelve days from the acute onset, and was seen first in the conjunctivae and then in the face and neck. In mild cases it lasted only a few days, but in the more severe might persist for three weeks or more; its appearance usually coincided with the beginning of convalescence. During this stage the liver was frequently enlarged, and the speaker's impression was that the longer the jaundice lasted the greater



the enlargement. In adults it was not unusual to find the liver extending down as much as three fingerbreadths below the right costal margin, although this was seldom found in children, in whom the disease was shorter. The urine contained bile pigments, and was dark one or two days before the jaundice appeared. Albumin was occasionally seen in the urine, particularly in the more severe cases ; the bowels might be constipated or loose with offensive motions, stools being usually clay-coloured at some period of the illness but frequently containing bile when jaundice was established. In contradistinction to Weil's disease there was no leucocytosis and often a leucopenia with a relative or absolute increase in lymphocytes or monocytes or both. Of the other symptoms itching was uncommon, epistaxis rare, conjunctivitis seldom seen, urticaria occasionally described, and peeling had been observed in a few cases. Convalescence lasted from one to three weeks."

It will be seen from this summary that though much is known about common infective hepatic jaundice, there remains much which is either wrapped in mystery or on which the evidence is frankly contradictory. Whether this is due to variations in the type of a single disease, or to jaundice being a manifestation of different types of infectious disease, or to misinterpretation of facts, is a matter for conjecture. At any rate no-one will doubt after reading this and what follows that the disease is one of importance to the School medical service as well as to the individual, and one well worthy of careful record or study.

### EXPERIENCES IN WEST SUSSEX.

At the end of June, 1938, the County Health Department heard of the existence of epidemic jaundice in a private girls' school in the Arundel district. Unfortunately it was impossible to investigate it, and nothing more was heard of the disease for three months when a report of cases came in from Aldingbourne School. Inquiries were immediately started there, and the school teachers throughout the County were asked to send in any information they could about past or future cases. As a result of this it was found that an endemic focus of the disease had existed at Arundel since January, 1937. There had been six cases in the Church School there by December when the first spread outside was recorded, namely to Billingshurst. In February, 1938, the first and only case occurred in Chiltington. After two months interval the disease reappeared in Arundel with one case in March and one in April, and in the latter month there were three in Billingshurst. There were again no cases in May but in June it reappeared in both places and in July there were 11 cases in the Arundel schools, and the disease began to spread along the coastal area, with three cases in Littlehampton. In the same month the first case was noted in Horsham, where, up to the end of the year, there were 18 cases. By September the disease was established



in Chichester, Slindon, Aldingbourne, Shoreham, Southwick and Petworth : and by the end of the year it had appeared also at Stoughton, Mundham, Upperton, Loxwood, Stedham and Bognor, but of the latter group it was only Bognor with 50 cases that was seriously affected. The highest monthly incidence was November with 60 cases throughout the County.

**CLINICAL FEATURES.** In the main the disease has been of the type already described, but besides the typical case history four varieties of the disease have been common enough to be worthy of special mention.

1. Cases exhibiting a latent period.

P.D. Female aged 23.

October 23rd felt poorly.

24th fainted, nauseated, vomited once. Went to bed.

25th in bed.

26th better : got up and went to work.

30th went to bed again feeling ill and weak.

November 2nd Yellow.

2. Cases with acute onset. Cases with recovery before the appearance of jaundice.

R.P. Male aged 11.

October 28th 6 p.m. Severe pain in right lower chest : vomited once : headache.

Saturday, 29th. visited doctor who treated him for "wind and indigestion." Appetite fair. Diarrhoea for next three days.

Monday, 31st. At school as usual.

November 2nd. Found jaundiced in school and sent home.

This patient was exceptional in being still yellow, though otherwise fit, two months later.

3. Cases with delayed symptoms.

L.E. Male aged 10.

November 9th. Seemed to be all right when he went to school, but was found to have yellow eyes and was sent home. On return home he developed a pain in the upper abdomen and he vomited for the next two days : his appetite was poor and he was a little irritable : his bowels were costive and his urine was orange.

## 4. Insidious type.

D.H. Male aged 5.

"Off colour" for 5 days : attending school.

November 10th. Ached all over and did not go back to school in the afternoon : "goosy," cold and giddy. Put to bed.

November 11th. No appetite : still in bed.

November 12th. Yellow appeared : stool very yellow.

November 13th. Still poorly.

November 14th. Still poorly and vomited.

November 16th. Vomited again but otherwise better.

Among obvious cases of jaundice there were found from time to time atypical cases which were either very slightly jaundiced or not at all, the cause of the symptoms in the latter case being revealed by the typical discolouration of the urine. These are of importance because they would normally be dismissed as "bilious attacks" and thus they may occasionally provide the link between cases or outbreaks that otherwise could not be explained. The following family history is an example.

Eileen W. Aged 9. Oct. 5th. Headache, feverish, stayed at home.

Oct. 8th. Yellow.

Norman W. Aged 7. Oct. 25th. Brought home with violent pains, vomited.

Oct. 30th. Yellow.

Mrs. W. Aged 43. Nov. 13. Vomited all day, poorly, ached all over.

Nov. 14th. Better but had sharp abdominal pain

Later her urine was dark and her stool clay coloured. Jaundice was just perceptible and was noted by the family, who were looking out for it. The patient herself would not have noticed it.

CONCLUSIONS.

As the cases are still being reported in numbers it would be premature to attempt any analysis or to draw any conclusions of an epidemiological nature. Instead I have drawn on accounts previously published elsewhere in order to focus attention on a disease of great epidemic and clinical interest which has been far too little recognised in the past, and to this I have added some account of the clinical features as they have been observed in the present outbreak. I hope that these notes will prove of use to anyone who has to deal with a case of the disease, and that those whose duty it is to submit returns of infectious disease in schools will be encouraged to report every case that comes to their notice. It is hoped eventually to publish a full account of the epidemiological aspects of the disease, and it is only by a careful study of every single case that a proper understanding can be arrived at.

I should like to thank all those who have provided me with information about cases of jaundice and particularly the many school teachers who have written letters giving details not included in the Form P.49. I must specially acknowledge my indebtedness to Mr. A. T. Campbell of Aldingbourne School for the help he gave in my repeated incursions into his duty and off duty time.

Acknowledgments are gladly made to the Medical Officers of Health, Drs. A. M. Barford, R. H. Wilshaw, H. M. Ayres and K. E. Mawson, for permission to carry out my investigations in the districts with which they are concerned, and to the many medical practitioners who one and all allowed me to visit the patients under their charge, Drs. A. J. Blackburne, J. B. Collins, W. S. Coltart, W. Dick, L. C. Epps, G. K. Ferres, L. S. H. Glanville, A. R. Gray, F. R. Gusterton, D. Hay, D. A. Langhorne, R. O. Swaine, M. A. Townsend, W. Wilson, E. C. Dudgeon, G. H. Greenway, Kathleen Stevens, D. C. Druitt and R. J. Force-Jones, the last two particularly for the details they wrote of the cases they had seen. Without the co-operation thus given no investigation would have been possible.



## REPORT OF THE SENIOR SCHOOL DENTIST.

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During 1938 there was one alteration in the constitution of the dental staff. Mr. C. D. Wallis retired after many years' service in this County and Mr. W. O. Baird was appointed to fill his place. The principle of appointing dental attendants having proved an immediate success, we welcomed the further addition of two more to our staff. Miss Turnbull and Miss Isaac have given the dentists splendid help. The secret of speedy dental operating is found in good team-work between dentist and attendant. The appointment of dental attendants is good economy because it enables the dentist to get through more work with less strain upon himself, and the staff hope that the number of attendants will in time be made up to five.

The past year has been an unfortunate one in the matter of illness among the staff. Two major operations and other serious illnesses caused some disruption in our programme of work, but I am grateful to the Committee for their timely action in making two temporary dental appointments. With the aid of the excellent work of these two dentists we were able to complete the year without too great arrears of work.

A perusal of the statistical tables given in another part of this report will show that a large amount of dental work has been done among the children attending both the secondary and elementary schools, and I would like to offer a few explanatory comments which may make them more interesting.

Taking the tables referring to Elementary Schools, a comparison with those of last year shows that a slightly greater number of children came into the scheme. More were inspected and more were treated. The percentage of children referred for treatment was about the same, showing that the incidence of dental disease remains at the same level. The acceptance of treatment has again increased about 2% which is gratifying. It is, however, regrettable that the appreciation of the school dental service grows so slowly, but the fact that it has nevertheless steadily progressed shows that old prejudices are gradually yielding. The present attainment of a 68% acceptance rate compares very favourably with other parts of the Kingdom. In some of our schools where great interest is shown in dental health—largely through the keenness of the teaching staff—percentages a little short of 100 are maintained. It would not be amiss to mention N. Mundham, Sidlesham and Elsted, where really splendid results are recorded.

It may be noticed that although the conservative side of treatment is well developed—shown in the 8133 fillings to permanent teeth—it was also necessary to extract 2836. This latter figure may sound high but the situation is not as bad as it may seem. Actually about a quarter of these were sound teeth extracted solely for the purpose of relieving overcrowding. It is a regrettable fact that civilization results in an under-development of the jaws, due to our failure to use them sufficiently in chewing hard natural foods, and so if the full complement of teeth erupt there is not enough room for them all. Crooked teeth lead to decay and loss of function, and in later life to pyorrhaea. Consequently, we are often faced with the necessity of judicious removal of sound teeth in order to preserve the regularity of the remainder, also the necessity of extracting so many septic temporary teeth leads to irregularities of the permanent set which can be remedied only by further extractions.

Of the rest it must be said that it is the policy of the dental staff in this County not to attempt to save a tooth by filling unless it can be safely assumed that the operation will be a lasting success. Doing big and doubtful fillings sometimes ends in failure—and one failure will do immense harm in producing prejudice against conservative dentistry. Consequently we are, perhaps, more radical in our treatment than a private dentist would be—but the circumstances are not comparable, and I am convinced that our policy is a wise one. It is really unwise to judge a school dental scheme on the number of permanent teeth lost. The slavish devotion to the ideal of never allowing one's patients to lose a tooth in childhood can result not only in leaving them with overcrowded mouths, but also with the possibility of painful impaction of wisdom teeth in later years. I feel that the best policy is to aim at leaving one's patients with an efficient and healthy set of teeth and with as many of the 32 as the size of jaws will accommodate.

The figures for secondary schools are for our first series of clinics for these pupils. It will be appreciated that there was an accumulation of defects to remedy. In the future the number of extractions will decrease and the treatment will be mainly conservative. At these schools, the pupils are inspected only if the parents wish it. The majority are eager to avail themselves of our services and the proportion of acceptances of treatment is thus very high. A small minority are glad of the opportunity of inspection, but prefer the treatment to be done by their private dentists. Everywhere the introduction of dentistry into these schools has been accepted as a progressive step and has been welcomed and appreciated, and its success fully justifies the Committee's decision to extend our scheme to include the secondary schools.



An item of treatment which is not shown in any of the tables is the provision of orthodontic plates and a few artificial dentures for children. During the year 10 of the former were fitted for the purpose of correcting irregularities of teeth and four dentures were made for senior children who had had the misfortune to lose front teeth.

All these figures appertain to the remedying of dental defects and it might well be asked, "What is being done to prevent their occurrence?" To answer this question requires knowledge of the cause of dental caries, and nobody can tell this. Inasmuch as dental caries is a disease of civilized races, I feel sure that the cause lies mainly in diet, although undoubtedly other factors enter into it. I believe that the provision of extra nourishment for children in the form of milk is an excellent thing. The opportunity of obtaining a good wholesome mid-day dinner at school at a small price is a splendid innovation. I base this statement on the fact that I have repeatedly noticed how much better are the teeth of children who have been reared in institutions where only good plain food is provided, and where there is no money for the purchase of cheap sweets. I am of the opinion that dietetics is a subject that ought to be taught in every school and that every school-child should be provided with at least one good meal a day. It would be costly but an investment in health. Oral hygiene is a splendid thing, but it is secondary to proper feeding.

I would like to express my thanks to the Committee for making it possible for me to attend a post-graduate course in general anaesthetics for dental operations, held at the Eastman Dental Clinic, Royal Free Hospital, London. Great strides have been made in general anaesthetics during the past few years and I was glad to be able to improve my knowledge on this subject. As a modern nitrous oxide and oxygen apparatus has now been provided at each central clinic in West Sussex, we shall in future be able to use general anaesthetics in suitable cases, although as a general rule we shall still continue to use local anaesthesia.

During the year I had the privilege of attending the Public Health Congress in London. There was an address by H.M. Minister of Health, and public dental officers from all parts of the Country discussed the many problems of school dentistry. A fact which was deplored was that there is a gap between the school leaving age and the earliest opportunity of obtaining treatment under the National Health Insurance Scheme. During this time much damage may be done to the permanent teeth, as few of these children are able to afford private treatment and it is a great pity that the work of the school dental service cannot in some way be continued. However, we have the satisfaction of having maintained their teeth in good order during the most important period of their lives, the time of rapid growth. The question of the treatment of "Casuals" was thoroughly debated at the Congress.



These children are generally old chronic refusals who are eventually smitten with toothache and their parents then send them up to the clinic for an extraction. They dilute our efforts to provide systematic dental service for regular patients and apart from the humanitarian act of relieving pain, this sort of thing accomplishes little.

Some men said that in their services casuals are completely barred out, and it is made plain to parents that if they refuse treatment at the proper time they must not expect help from the clinic when toothache occurs. They maintain that there are always private dentists, and the payment of a fee is a salutary lesson. It is claimed by the adherents of this policy that the consent rate is increased and waste of time avoided. It is true that time spent on worthless patients means that good patients, who will readily accept treatment each year, are held back a little longer and may conceivably have to lose a tooth, which, if attended to earlier, might have been saved. It is a vexed question and opinions on it were divided.

In this County we accept casuals for treatment on Saturday mornings, and we endeavour to get parents to attend with the children. If they are old refusals a lecture is administered to the parent and in some cases the lesson is learnt, with the result that they consent in future to systematic treatment. In other cases we cannot get the parents to come and we know that when once pain has been removed there will be no more interest in dental treatment. Of course, all casuals are not unsatisfactory cases. Some are new people to the County or the children new entrants to the infants' schools. For the present I feel that our policy of keeping these cases to Saturday mornings and not letting them interfere with routine sessions during the week, is best. To bar out all old refusals might inflict a hardship on a child for the foolishness of its parents. Whether this is the wisest policy in the long run, however, I am not sure.

I would like to thank the members of the Committee for the interest they have shown in the school dental service during the past year, and to assure them that this interest is of the greatest encouragement to the staff.

(Signed) H. D. HALL.

# ORGANISATION OF PHYSICAL TRAINING DURING THE YEAR 1938.

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## REPORT BY THE ORGANISERS OF PHYSICAL TRAINING.

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**ORGANISING STAFF.** During the year the two Organisers, Miss M. J. Croucher and Mr. L. P. E. Whitfield, B.A., have continued their work in connection with the Elementary Schools, Secondary Schools and the much extended post school work. They have also acted in an advisory capacity to several voluntary Organisations.

### I. ELEMENTARY SCHOOLS.

(1). **Visits.** During the year 172 visits were made to Elementary Schools by the Organisers. Although this number of visits corresponds with the total number of Elementary Schools in the area it does not in fact represent one visit per school since as will be appreciated it was necessary to make more than one visit to certain schools. As a result there were 40 schools which the Organisers were unable to visit during the year. The substantial development in post school work due to the Physical Training and Recreation Act, 1937, is largely responsible for the reduction in the number of visits it has been possible to make to Elementary Schools as compared with last year.

(2) **Results.** The Organisers are able to report as a result of their visits that

- (a) the improvement in the standard of teaching has been maintained while the teachers are appreciating more and more the advantages of having as broad a programme as possible of Physical Education.
- (b) there is again a definite increase in the number of children who are removing superfluous clothing for the Physical Training lesson but the percentage of children changing shoes remains about the same.
- (c) in addition to the provision of milk in the schools there has been an increase in the number of schools now providing a mid-day meal on one or more days per week. There are now 14 schools providing such meals at a price generally ranging from 2d.-4d. per meal. This combined with regular Physical Training should help to improve the physical and mental welfare of the children.

(3) **Difficulties experienced.** While the main difficulties i.e.

- (a) playgrounds of unsatisfactory size and surface
- (b) lack of indoor accommodation
- (c) lack of suitable playing fields



remain substantially the same the outstanding difficulty is the lack of suitable shoes. Until these are obtained the Physical Education cannot receive its full modern application.

(a) **Playgrounds.** Further grants have been made by the County Council towards improvement of playgrounds of non-provided schools.

(b) **Indoor Accommodation.** Negotiations have been made to obtain use of further halls, etc.

(c) **Playing Fields.** Applications have been received from non-provided and other country schools for assistance towards maintenance of playing fields and these are receiving consideration by the Committee.

(4). **Upkeep of Playing Fields.** The mobile unit is still responsible for the upkeep of the Committee's playing fields and is found to be very satisfactory.

The marking of the pitches has been undertaken by the schools and although this has not proved entirely satisfactory, it has not been found possible to make other arrangements for the coming year.

Good use has been made of the changing accommodation at the Chichester Playing Field and the use of the shower baths is now well established.

(5). **Athletics.** There has been an increase in the number of schools holding athletic meetings. At the Sussex County Athletic Meeting, 4 West Sussex districts were represented, and 9 West Sussex representatives were picked for the Inter-County Meeting held at Derby.

(6). **Swimming.** It was possible to arrange for the two Arundel Schools to have swimming instruction during the summer term.

At Horsham the facilities for swimming were extended. One woman and one man teacher attended a vacation course in this subject and were then responsible on one day per week for the work of the girls and boys respectively. This arrangement made it possible to extend the age range to include top class junior and first and second year seniors. When bad weather made visits to the baths impossible the instructors visited the school for Land Drill practice.

(7). **Demonstrations.**

(a) Sussex County Agricultural Show held at Cowdray Park, Midhurst. On each day a Physical Education programme was staged in the arena. In a pageant showing Physical Education from 1904 to "The Future," 4 Elementary Schools, 2 Secondary Schools and 1 Keep Fit Class took part.

(b) At the Horsham and District Athletic Meeting demonstrations of Junior Girls and Senior Boys work were taken by the Organisers.



## II. SECONDARY SCHOOLS.

Visits were made to all Secondary Schools during the year. At Midhurst Grammar School Physical Training has now been given a definite place in the time-table. Portable apparatus was supplied and one of the staff who attended a vacation course is responsible for the work.

III. **TEACHERS CLASSES** were held by the Organisers during the year :—

		Type.	Place.	No. on Roll
Spring Term	Women	Infant P.T.	Littlehampton	43
	Women	Infant P.T.	Pulborough	26
	Mixed	Junior Mixed P.T.	Midhurst	33
Summer Term	Mixed	Games	Horsham	67
	Mixed	Games	Steyning	38
Autumn Term	Women	Infant P.T.	Chichester	47
	Women	Infant P.T.	Lancing	47
	Mixed	Junior Mixed P.T.	Chichester	43

Grants were given by the Committee to 6 women and 4 men who attended vacation courses in Physical Training ; 1 woman attended a three months course.

## RECREATIVE PHYSICAL TRAINING.

Although considerable further developments have been made the work is not as wide spread as the Physical Training Organisers would desire.

(a) **Women's Classes.** Development has been furthered by the starting in September of classes other than those connected with County Federation of Women's Institutes and Evening Institutes. Of these there have been 12.

There have been 9 classes arranged in connection with the Women's Institutes and 13 classes in connection with the Evening Institutes. The enrolment during the year reached 705.

At the request of a few classes the Leaders carried on voluntarily during the summer term.

The women's classes of Midhurst and District took part in the Physical Training programme at the Sussex County Agricultural Show in June.

(b) **Men's Classes.** Further extension of classes for men led to the formation of 15 classes with 255 on roll ; a voluntary class was run successfully in Horsham during the early part of the summer.

(c) **Training of Leaders.** To meet the greater demands of the Autumn Term the Committee gave grants to 17 women Leaders and 9 men Leaders to attend the courses organised by the Central Council for Recreative Physical Training at Crawley and Downe respectively. Of these 5 women and 1 man were members of voluntary organisations ; these are now doing most satisfactory work with their clubs. The half-day courses organised by the Central Council for Recreative Physical Training have again been well attended.

M. J. CROUCHER,

L. P. E. WHITFIELD,

*Organisers of Physical Training.*

*April, 1939.*







